

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014131

FILED APR 24 1959

Registration District No. 209 Primary Registration District No. 3043 STATE FILE NUMBER Registrar's No. 114

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-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Marion | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Hannibal | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Lawn Lodge | | Length of stay in 1b | d. STREET ADDRESS 703 Walnut | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) THOMAS . H. KIRBY | | | 4. DATE OF DEATH Month Day Year April 17, 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH December 20, 1879 | 9. AGE (In years last birthday) 79 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor | | 10b. KIND OF BUSINESS OR INDUSTRY C.B.&.C.R.E. | 11. BIRTHPLACE (City and state or country) South of Clarence, Shelby City, Mo | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME Enoch Alonzo Kirby | | 13b. MOTHER'S MAIDEN NAME Mollie Mary Maupin | | 14. NAME OF HUSBAND OR WIFE Rose Jeanette Kirby(dec) | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address O.E.Kirby Sr. Hannibal Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral hemiplegia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334x | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1/25/59</u> to <u>4/17/59</u> and last saw her alive on <u>4/16/59</u> Death occurred at <u>5:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. | | | 22b. ADDRESS 100 N. 6th, Hannibal, Mo. | | 22c. DATE SIGNED 4/18/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4/17/1959 | | 23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery | |
| | | 23d. LOCATION (City, town, or county) Hannibal Missouri | | (State) | |
| 24. FUNERAL DIRECTOR W. Crawford Smith, Hannibal Missouri | | | 25. DATE RECD. BY LOCAL REG. 4-20-59 | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed *W Crawford Smith*

Licensed Embalmer No... 7814.....

P. O. Address.. Hannibal.. Missouri..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.